

W-NCD

City of Walker  
Income Tax Department

## NOTICE OF CHANGE OR DISCONTINUANCE

EMPLOYER IDENTIFICATION NUMBER (FEIN)	CHANGES EFFECTIVE ON (Date)
CURRENT LEGAL NAME	CHANGE LEGAL NAME TO:
DBA	CHANGE DBA TO:
CURRENT LEGAL BUSINESS ADDRESS	CHANGE LEGAL BUSINESS ADDRESS TO:
MAILING ADDRESS	CHANGE MAILING ADDRESS TO:

**Instructions: Place an "X" in all boxes that apply. Complete all information for that change.  
Write any comments or explanations on back of form.**

1. The Internal Revenue Service assigned us Federal Employer Identification Number: \_\_\_\_\_

2. Our Federal Employer Identification Number is wrong. The correct number is: \_\_\_\_\_

3. We have incorporated. Our corporate name is: \_\_\_\_\_

4. Our new corporate Federal Employer Identification Number is: \_\_\_\_\_

5. Discontinue our withholding tax registration:

We no longer have any business activity in the City of Walker.

We closed our business on: \_\_\_\_\_

We sold our entire business on: \_\_\_\_\_ We sold our business to: \_\_\_\_\_

We sold part of our business on: \_\_\_\_\_ Their FEIN is: \_\_\_\_\_

6. Address and phone number where we may be reached following discontinuance of business:

\_\_\_\_\_ CONTACT PERSON \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

7. Change in ownership. (Please explain on back).

8. Effective \_\_\_\_\_, we changed our fiscal year from \_\_\_\_\_ to \_\_\_\_\_  
MONTH/YEAR \_\_\_\_\_ MONTH \_\_\_\_\_ MONTH

9. Other changes: (Please explain on back).

SIGNATURE OF PREPARER	PRINTED NAME OF PREPARER	DATE PREPARED	PREPARER'S PHONE ( )
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RETURN THIS FORM TO: WALKER CITY INCOME TAX, PO BOX 153, GRAND RAPIDS MI 49501-0153  
FAX: 616-791-6808  
EMAIL: JCONKLIN@WALKER.CITY